

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-013798

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

Registrar's No.

2373

STATE FILE NUMBER

FILED MAR 20 1963

| | | | |
|---|---|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis | | c. CITY OR TOWN St. Louis Inside Limits. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Length of stay in 1b 22 days | | d. STREET ADDRESS (If outside, give location) 2129a East Fair Avenue | |
| c. FULL NAME OF (If NOT in hospital, give location) Homer G. Phillips Hospital | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Frank Middle J Last Schmid | | 4. DATE OF DEATH Month February Day 28 Year 1963 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-15-1889 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic (retired) | | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | |
| 10b. KIND OF BUSINESS OR INDUSTRY Public Service | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME unknown | | 13b. MOTHER'S MAIDEN NAME unknown | |
| 14. NAME OF HUSBAND OR WIFE deceased | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No | |
| 16. INFORMANT Mr. A. H. Roeper, 8001 Park Drive | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dehydration; Malnutrition; Generalized Arteriosclerosis. DUE TO (b) 4500 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 10:00 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION St. Louis COUNTY Missouri STATE Missouri | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Joseph M. Quinn (Degree or title) | | 22b. ADDRESS 1300 Clark | |
| 22c. DATE SIGNED 3-2-63 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 23b. DATE March 4 1963 | | 23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery | |
| 23d. LOCATION (City, town, or county) St. Louis County, Missouri | | 23e. DATE RECD. BY LOCAL REG. MAR 2 1963 | |
| 24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Ave | | 25. REGISTRAR'S SIGNATURE Loat Smith, H.O. | |
| 26. ADDRESS St. Louis, Missouri | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS:300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Julius R Brown

Licensed Embalmer No.

5146

P. O. Address

St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.